

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-07-2004 90346 035 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000030806					
1. Entity Name 1322 CLEARLAKE, LLC					
Principal Place of Business 1300 NORTH FEDERAL HIGHWAY, SUITE 202 BOCA RATON, FL 33432			Mailing Address 1300 NORTH FEDERAL HIGHWAY, SUITE 202 BOCA RATON, FL 33432		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 57-1183048				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMAS, DONALD J ESQ. 1200 NORTH FEDERAL HIGHWAY, SUITE 312 BOCA RATON, FL 33432				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2004					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	SALAMONE, ANTHONY			NAME	
STREET ADDRESS	1300 NORTH FEDERAL HIGHWAY, SUITE 202			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(g), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Anthony P. Salamone</i>				Date: 4/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	

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